

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001072

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** LOVING HEART ADOPTIONS, INC.

**Current Principal Place of Business:**

PO BOX 3254  
WEST PALM BEACH, FL 334023254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3254  
WEST PALM BEACH, FL 334023254

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILLIGAN, ALPHONSO S ESQ  
2580 METROCENTRE BLVD STE 6  
WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MILIGAN, ANGEL D  
Address: PO BOX 211796  
City-St-Zip: ROYAL PALM BEACH, FL 334211796

Title: D ( ) Delete  
Name: MILIGAN, ALPHONSO S  
Address: PO BOX 3254  
City-St-Zip: ROYAL PALM BEACH, FL 334023254

Title: D ( ) Delete  
Name: BERESFORD, CAROL  
Address: 312 RIVER DRIVE  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO S. MILLIGAN

PRES

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date